ORAL HEALTH ASSESSMENT CHECKLIST

Resident:_____ Completed by:_____ Date:_____

Resident: ☐ is independent ☐ needs reminding ☐ needs supervision ☐ needs full assistance

☐ Will not open mouth ☐ Grinding or chewing ☐ Head faces down ☐ Refuses treatment

☐ Is aggressive ☐ Bites ☐ Excessive head movement ☐ Cannot swallow well

☐ Cannot rinse and spit ☐ Will not take dentures out at night

Healthy	Changes	**Unhealthy**	Dental Referral
Lips			
☐ Smooth, pink, moist	☐ Dry, chapped or red at corners	☐ **Swelling or lump, red/ white/ ulcerated bleeding/ ulcerated at corners ***	☐ **Yes** ☐ No
Tongue			
☐ Normal moist, roughness, pink	☐ Patchy, fissured, red, coated	☐ **Patch that is red and/or white/ ulcerated, swollen ***	☐ **Yes** ☐ No
Gums and Oral Tissue			
☐ Moist, pink, smooth, no bleeding	☐ Dry, shiny, rough, red, swollen, sore, one ulcer/ sore spot, sore under dentures	☐ **Swollen, bleeding, ulcers, white/ red patches, generalised redness under dentures ***	☐ **Yes** ☐ No
Saliva			
☐ Moist tissues watery and free flowing	☐ Dry, sticky tissues, little saliva present, resident thinks they have a dry mouth	☐ **Tissues parched and red, very little/no saliva present, saliva is thick, resident thinks they have a dry mouth ***	☐ **Yes** ☐ No

Healthy	Changes	**Unhealthy**	Dental Referral
Natural Teeth			
☐ No decayed or broken teeth or roots	☐ 1- 3 decayed or broken teeth/roots, or teeth very worn down	☐ **4 or more decayed or broken teeth/ roots or fewer than 4 teeth, or very worn down teeth ***	☐ **Yes** ☐ No
Dentures			
☐ No broken areas or teeth, worn regularly, and named	☐ 1 broken area or tooth, or worn 1-2 hours per day only or not named	☐ **1 or more broken areas or teeth, denture missing /not worn, need adhesive, or not named ***	☐ **Yes** ☐ No
Oral Cleanliness			
☐ Clean and no food particles or tartar in mouth or on dentures	☐ Food, tartar, plaque 1-2 areas of mouth, or on small area of dentures	☐ **Food particles, tartar, plaque most areas of mouth, or on most of dentures ***	☐ **Yes** ☐ No
Dental Pain			
☐ No behavioural, verbal or physical signs of dental pain	☐ Verbal &/or behavioural signs of pain such as pulling at face, chewing lips, not eating, changed behaviour.	☐ **Physical pain signs (swelling of cheek or gum, broken teeth, ulcers), as well as verbal &/or behavioural signs (pulling at face, not eating, changed behaviour) ***	☐ **Yes** ☐ No

*** Unhealthy signs usually indicate referral to a dentist is necessary**

Assessor Comments

Source: Government of South Australia/SA Health - Better Oral Health in Residential Care.